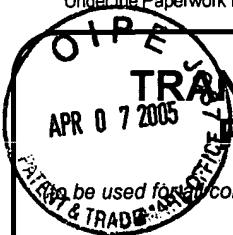


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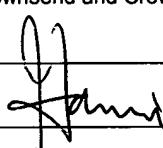
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 <b>TRANSMITTAL FORM</b> <small>PTO/SB/12 (08-00) (Rev. 10-2002)</small> <small>THIS FORM IS FOR USE IN THE U.S. PATENT &amp; TRADEMARK OFFICE. IT IS NOT FOR USE IN THE U.S. PATENT OFFICE OR THE U.S. TRADEMARK OFFICE.</small>		Application Number	10/781,925
		Filing Date	February 17, 2004
		First Named Inventor	Truckai
		Group Art Unit	3739
		Examiner Name	Unassigned
Total Number of Pages in This Submission	3	Attorney Docket Number	021447-000810US

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address and Statement Under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

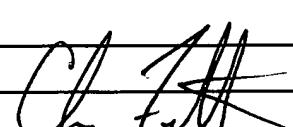
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm and Individual name	Townsend and Townsend and Crew LLP Joe M. Harris	
Signature		
Date	April 5, 2005	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

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60460541 v1



Application Number	10/781,925
Filing Date	February 17, 2004
First Named Inventor	Truckai
Art Unit	3739
Examiner Name	Unassigned
Attorney Docket Number	021447-000810US

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

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I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name C S A B A T R U C K A I

Signature [Signature]

Date 3-29-05 Telephone 415-215-7233

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

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